1.	. PLACE OF DEATH	9666			2. USUAL RESIDENCE (V	Vhere deceased I		Reg. Dist. No.	odmissign1
1		Somerset		MARYLAND	o. STATE Maryla	nd	4 collected	omerset	
1	b. CITY OR TOWN RURAL and give	(If autside carporate limit nearest tawn)	h, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside corpora			est town)
7	d. NAME OF HOSE	Crisfield PITAL (If not in hospital, g	ive street add	3 months	d. STREET ADDRESS	unt			. IS RESIDENC
0	OR INSTITUTION	312 Main 8	St.						ON A FARM
3.	NAME OF DECEASED (Type or print)	Fin SU SA1		Middle UPSHUR	BALLARD	4. DATE OF DEATH	Manth Sept.	30 Day	Yeor 19 5
	. SEX			NEVER MARRIED	B. DATE OF BIRTH	9		FUNDER 1 YEAR I	
	Female	White	WIDOWED		April 30, 18		83 yrs.		
1"	during most of we	orking life, even if retired)			STRY 11. BIRTHPLACE (Stor	_	niry)	12. CITIZEN OF	WHAT COU
13	None			None	14. MOTHER'S MAIDEN			USA	
		Thomas Balls	rd		Ros	eanna Ti	rpin		
19	S. WAS DECEASED EV	VER IN U. S. ARMED FOR	CES? 16. SO		INFORMANT		Address		
PL	No		1	Vone M	s. Henry L.	Bradshav	7-312 Mai	n StCr	isfiel
	199.8 Conditions, if	IMMEDIATE CAUSE (c) DUE TO any, which)		Hall le		vel;	ansra	2	4000
ATION	Conditions, if gove rise to cause (a), stotin lying couse last	any, which immediate g the under-		Hallebe		AINAL DISEASE C	CONDITION GIVEN		PERFORMED
CERTIFICATION	gove rise to couse (o), stoting lying couse lost	any, which immediate g the under-	DITIONS <u>CO</u> N	Hall LE	ladda				PERFORMED
MEDICAL CERTIFICATION	gove rise to couse (a), stolin lying couse lost PART II. O PART II. O OR CONTRIBUTING (IF EITHER, NOTIF	DUE TO any, which immediate g the under. THER SIGNIFICANT CONI VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER JRY Month, Day, Year	DITIONS CON	SE HOW INJURY OCCURRE	NOT RELATED TO THE TERM	Port 1 or Port II	of item 18.}		PERFORMED YES NO
CERTIFI	gove rise to couse (a), stotin lying couse lost PART II. O OR CONTRIBUTING IF EITHER, NOTIFE CO., TIME OF INJUMENTAL P. m. m. 21. I certify	DUE TO any, which immediate g the under. THER SIGNIFICANT CONI VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER JRY Month, Day, Year	20b. DESCRIE 20d. INJU While at wark E deceased	SE HOW INJURY OCCURRE RY OCCURRED Not while of work from. Aug.	I NOT RELATED TO THE TERM D. (Enter nature of injury in ACE OF INJURY (Name, for ctory, street, affice bldg., e. 19.5%, to	Port 1 or Port II	of item 18.}	(County)	PERFORMEI YES NO
CEPTIE	gove rise to couse (a), stolin lying couse lost PART II. O OR CONTRIBUTING IIF EITHER, NOTIF Hour o. 51 P. m	DUE TO any, which immediate g the under. I. (c) THER SIGNIFICANT CONI VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER] JRY Month, Day, Year 19	20b. DESCRIE 20d. INJU While at wark	SE HOW INJURY OCCURRE RY OCCURRED Not while of work from. Aug.	I NOT RELATED TO THE TERM ID. (Enter nature of injury in ACE OF INJURY (Home, for ctory, street, affice bldg., e-	m, 20f. (City or	of item 18.) r lawn) P., 1956,1	(County) that I last sav	PERFORMEI YES NO
CERTIFI	gove rise to couse (a), stotin lying couse lost PART II. O OR CONTRIBUTING IF EITHER, NOTIFE CO., TIME OF INJUMENTAL P. m. m. p. m. 21. I certify	DUE TO any, which immediate g the under. I. (c) THER SIGNIFICANT CONI VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER] JRY Month, Day, Year 19	20b. DESCRIE 20d. INJU While at wark E deceased	SE HOW INJURY OCCURRE RY OCCURRED Not while of work from. Aug.	I NOT RELATED TO THE TERM D. (Enter nature of injury in ACE OF INJURY (Name, for ctory, street, affice bldg., e. 19.5%, to	m, 20f. (City or	of item 18.}	(County) that I last sav	YES NO
CERTIFI	gove rise to couse (a), stotin lying couse lost lying couse lost PART II. O PART III. O OR CONTRIBUTIN III EITHER, NOTIFE CO., TIME OF INJUMENTAL P. m. 21. I certify alive on	DUE TO any, which immediate g the under. I. (c) THER SIGNIFICANT CONI VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER] JRY Month, Day, Year 19	20b. DESCRIE or 20d. INJU White at wark deceased 19 5 0	SE HOW INJURY OCCURRE RY OCCURRED Not while of work from. Aug.	I NOT RELATED TO THE TERM D. (Enter nature of injury in ACE OF INJURY (Name, for ctory, street, affice bldg., e. 19.5%, to	m, 20f. (City or ic.) M, fram ADDRESS (Street	of item 18.) r lawn) P., 1956,1	(County) that I last sav	PERFORMED YES NO (SI
MEDICAL CERTIE	gove rise to couse (a), stolin lying couse lost PART II. O PART II. O OR CONTRIBUTING IIIF EITHER, NOTIF 20c. TIME OF INSU Hour o. p. m. 21. I certify a live on	DUE TO any, which immediate g the under. THER SIGNIFICANT CONI VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER 19 that I attended the C. C. G. R. ON, 22b. DATE THEREO	DITIONS CON 20b. DESCRIE 1 20d. INJU While at wark [deceased 19 5 1	ACCURRED 20e. Plant work of the	INOT RELATED TO THE TERM D. (Enter nature of injury in ACE OF INJURY (Mome, for actory, street, office bldg., etc.) 19. 26, ta. 19. 26, ta. M.D. Crisfie	m, 20f. (City of C.) 20f. (City of C.) 20f. (City of C.) 20f. (City of C.) 20f. (City of City	of item 18.) r tawn) 1956; the causes and et. city or tawn, sta	(County) that I last sav d an the date ote)	PERFORMEI YES NO
MEDICAL CERTIFI	gove rise to couse (a), stolin lying couse lost PART II. O PART II. O OR CONTRIBUTING III. OR	DUE TO any, which immediate g the under to	DITIONS CON 20b. DESCRIE 1 20d. INJU While at wark [deceased 19 5 1 Wley F 2	ACCURRED 20e. Plant but the state of cemetery control of the state of cemetery control of the state of the st	I NOT RELATED TO THE TERMINATION OF THE TERMINATION	m, 20f. (City of C.) 20f. (City of C.) 20f. (City of C.) 20f. (City of C.) 20f. (City of City	r fown) 1955,1 the causes and et. city or fawn, sta	(County) that I last sav d an the date ote)	w the dec

TOUR IN THE TAX WARREN TO STREET AND BUREAU V. S. and he was you to make I have been both 9961 # 100 Figure 6 Co. July All his dates - and a subtree

6	8		GD,	1
60	plu		9	
e	Sha a		Ten	
0	-4		0,	
Š	B		rio	
3830	2		5.	
8	É		2	1
9	з	ı	į	Į.
20	9		0	1
de	0	15 6	tro	
7	ē	YOK	₫.)
5	2	PO	2	
=	Ŧ	D	£	
=	5	Ë	Ę	
de	33	eto	3	
9	OND	9	P	
6	οĭ	7 5	ò	
25	_`	5	×	
2	36	5	50	•
24	P.O.	900	4	
.5	ě,	a.	Ē	
专	ΰ	A3.	<u>.:</u>	
-0	oó	ž	Ē	
a a	٦	Ē	8	
Xec	<u>e</u>	2	nsit	
0	.⊆	*i÷	Ira	
ě	Ü	0	b	
ž	9	ā	70	
Sho	9	0	0	
9	:_	fice	ő	
Fee	Ë.	ō	8	
t	Pue	er's	5	
00	ă	ine	Pe	
Ë	g	50	PIS	
oc.	DM	w	2	
7	흗	00	S	
N	9	ed	96	
XA	Ē	×	Pc	
-	×	P e	ä	
A D	6	C	Ü	
ā	0	the	SE	
ME	8		9	
X	0	es.	Z	DA
2	the	ord	H	om
DE	a de	M	10	real r
0	ű.	9	0	ū
55 TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay it metessary, please exe-			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.	
VS.	A'	15/	AE(5)

5M 9/55

M

		9669MEDICA	L EXAMINER'S	CERTIFICA	TE OF	DEATH	Reg. Dist.	9654 No 260
1,	o. COUNTY SOM	erset	MARYLAND	2. USUAL RESIDENCE (Where decea	ed lived. If institut b. COUNTY		before admission)
	b. CITY OR TOWN (If and give nearest town)	autoide corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside cor	porote limits, write	RURAL ond giv	e nearest town)
I	rincess	Anne, Md.		New York	City		- 64	1x-3
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS 995 Unior	Ave.	Bronx.	N.Y.	o. IS RESIDENCE ON A FARM? YES NO
3.	DECEASED (Type or print) HOT		Middle Dave	nport	4. DATE OF DEATH	Month Sept. 29	D	ay Year 19
5.	SEX	6. COLOR OR RACE 7. MARRIE	ED 🔲 NEVER MARRIED 🕞 B.			9. AGE (In years loss birthday)	FUNDER TYE	
	ale	Colored WIDOWE		-27-I935		21 yn.	Months Day	Hours Min.
10	during most of working	N (Give kind of work done 10b. I					12. CITIZEN	OF WHAT COUNTRY
1	Shipping L. FATHER'S NAME	Clerk Me	at Packing	Columbia			U.S.	A
"				14. MOTHER'S MAIDEN		5		
1!	John Dave		SOCIAL SECURITY NO. 17. IN	Bertha He	LISOY	Davenpo	rt	
14	No	(If yet, give wer or defet of service)	Mr		Dawas		Tanada d	N G
=		H [Enter only one cause per line		S. DOLCHE	DRAGI	port, Co		STERVAL BETWEEN
	PART I. DEATI	H WAS CALISED BY.	and the second	(v11-C+v	char	2 Phos	+ 10	NSET AND DEATH
	825x	DUE TO			20,00	1 0 11 6 3		
	Conditions, if on		deture L	eft F	emi	7		
	gove rise to immedi							
	couse last.) (c)			1 . 1 . 3			
CERTIFICATION		ER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	N IN PART 1(c	19. WAS AUTOPSY PERFORMED?
RTIF	20a. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING 20b. DESCRIBE	HOW INJURY OCCURRED. (E-	ofer noture of injury in Por	rt I or Port II	of item 18.)		
		L Of Y	- Hecident H	ighway 1-	3 NOT	th of	Y-INC G	
MEDICAL	20c. TIME OF INJUR	- White	NJURY OCCURRED 200. PLAC	ry, street, office bldg, etc	110	Λ.	(County)	(Stote)
×	7:/3 0-			anway 13		C42243	-	erset Mil
		at I took charge of the r from: Natural causes	- 1 -	ide 🔲, Homicide	-	nspection 4.		, and find tha
	ACTUAL V	2010	9 7 1					DATE SIGNED
	ACTUAL SIGNATURE	House	•	M.D. CHIEF MEDICAL E	_			BALE SIGNED
	EXAMINER'S P.	H. Johnson	M.D -	ASSISTANT MEDICAL	,	7/1	lu 29	-1956
22	BURIAL, CREMATION	10-3-1956	22c. NAME OF CEMETERY OR Chapel Hil			TION (City, town, or		(Stote)
23	FUNERAL DIRECTOR'S		ADDRESS		D BY REDIST	mbia N		TURE
	Lein	B. Wilson	Princes	amarokie!	91/50	1,5%	Johns	million
				7	1	7	7	7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Mary Ken Toron

mild week wor

alaceticate, sta moldy des

. decourage)

Luegons Dayson of

Art. Josephul Dave most, veltebru, u. u.

BUREAU V. &

9961 2 100

Tim Fecusio . Total - Self-

dress and the

.b- .arma . water fra

Delivaria -

Time Colored miss

but had dwelf a hand astauthe

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

vithin 24 hour Give Poges 13. Poge 5 n MEDICAL DEPUTY

Bruitset Peril Lond Part Carolina

balana Kassalai

min a

. . . .

Dayengont Seneph. 89, 1989

The have 100 at an

V 22. - 7. 1. - 2.

-D. Wald Wol PHIMES

Joseph Charles

Ashaba Oakenschi, Mondobi, L.C.

J. W. Tall

gill farado a election (eleva)

OCL 2 1956

BUREAU V. S.

VS A15 (4) 15M 9/55

I

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	14
9671	CERTIFICATE	OF	DEATH	

8 (19050) Reg. Dist. No.

a. COUNTY	merset	MARYLAND	o. STATE Maryla	h cour	NTY Somerset
RURAL and give n	If outside corporate limits, write earest town). rion Station	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ite RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CARRIE	Middle TULL	DAVIS	OF	Month Day Year September 10, 1956
5. Sex Female	White win	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. Date of Birth Dac. 1, 1872		ggrs IF UNDER 1 YEAR IF UNDER 24 HRS. Or) Months Days Hours Min.
10a. USUAL OCCUPATION during most of wor HOUSEWII	king life, even if refired)	At Home		e or foreign country)	U.S. A
13. FATHER'S NAME	Samuel L. Tul	1	14. MOTHER'S MAIDEN Cather	name ine Gunby	
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		nformant rs. Nathmaiel		Address Marion Station, Md.
200. ACCIDENT W	the under (c) HER SIGNIFICANT CONDITIO	Chronio Myse Acres & Estate But CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. fs. p. m.	MEDICAL EXAMINER) RY Month, Day, Year 20	d. INJURY OCCURRED 20e, PL fa lile Not while fa work at work	ACE OF INJURY (Home, for clory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATIC	ovzgo C 6 r. George C. 1 DN. 1226. DATE THEREOF	ollbrun	Mo. Marie	M, from the cause ADDRESS (Street, city or to STA. m Station, M. 122d. LOCATION (City, towns)	Mp. 9-12-50
TREMOVAL (Specify) 23. FUNERAL DIRECTOR	Sept. 12, 19		emetery	Marion Stat	
	& SonsCrisfi		DATE		I ellie A. Payne

UREAU V. S.

SEP 19 1956

1	I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
on, ion,	han a	9657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 245
please 4 should cremat	(V)	PLACE OF DEATH a. COUNTY Somerset MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Md. b. COUNTY Somerset
Poge burial,	(%)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chisfield Chisfield Chisfield
r is nec	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
neral d your fil		NAME OF DECEASED (Type or print) Jerry Rubin Evans DEATH Sept. 15 1956
h. If ar		SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH NEL O DIVORCED
ond 3 h e retair	1	on USUAL OCCUPATION (Give led of work done 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refired)
s 1, 2, 5 may b		George Evans Lovetta Taylor
ve Page Page Page	0	S. WAS DECEASED EVENIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LOVETTZ EVENS Cristical Som. Come
18. Gi		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
in Item),	92 4.0 DUE TO DUE TO LESS inco lury Wich Villy En MITTER
pencil pencil alang v burial-t		gove rise to immediate cause (a), stating the underlying cause last. DUE to the 4 Mether awake at 40 M & Bolm word As
icate sh ng" in Office ad as a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF
"pendi "pendi niner's		20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. EXTERNAL CAUSE WAS SAME AS IN No. 18
VER: The ward to Example 3 should	173	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20g. City or town) / (County) (State)
AMII ng II Medi	17	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that
writh writh hief OR:		death resulted fram: Natural couses Accident . Suicide . Homicide . Undetermined cause .
EDICA frate, the C	2	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
TY &		EXAMINER'S ASSISTANT MEDICAL EXAMINER LSJST 1576
e the worde		NAME (Type) DEPUTY MEDICAL EXAMINER 2
cute forw TO FUI		to. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) BUT 2 Criskield, Some Co. Md. BUT 2 Criskield, Some Co. Md. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE
VS. A1SME(5) 5M 9/55	24	Charles H. Ward Marion Sta, Md. DATE 9/17/52 Barbar S. Wasen
	A.	100028 X X V.G.

White He are well and the first the terminal BUREAU V. S. 9961 08 das 5 Birman File of Charles Charles the place of the property and the second

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) M a. COUNTY C b. COUNTY 10 Y MARYLAND burial, Page CITY OR TOWN (If outside corporate Kinsts, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) AMOX 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS delay 更正 registrar NAME OF First 4. DATE Month DECEASED ZMES (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE WIDOWED I DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Farmi 5 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. REFORMAN Address File Give P.M.3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b),, and (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which] gave rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 50 used 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour White Nat while O. m. at work at work p. m. writing 21. I certify that I took charge of the remains described above, held on Autopsy []. Inspection death resulted from: Natural causes M. Suicide . Hamicide . Undetermined couse he Chi **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER remova FUNERA arwarde **EXAMINER'S** cute the DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

22d LOCATION (City, lawn, or county) **FUNERAL DIRECTOR'S** 24c. REC'D BY REGISTRAR 24b.0REGISTRAR'S SIGNATURE VS. A15ME(5) DATE -5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

IF UNDER TYEAR

(County)

Inquiry I and find that

Days

Months

e. IS RESIDENC ON A FARM? YES NO [

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERNAL BETWEEN

PERFORMED?

DATE SIGNED

NO []

(Stote)

1956

Min.

100

* ATTENDING PHYSICIAM: The law requires that the caption is the haspital or attending physician. CTOR: After this certificate has been signed by the other be detached for use as the burial-transit permit. Then mineral is

ed within 24 hc

spletely filled in

fer death: Page

2 320

he funeral directo

89659

9673

CERTIFICATE OF DEATH

Reg. Dist. No. 2/25

A.	-												
1		PLACE OF DEATH COUNTY SOT	nerset		MARYLAND	o. STATE	dence (wh	_	lived. If institution b COUNTY		ence befo		sion)
$\langle $	ŧ	RURAL and give ne	outside corporate timi arest town) Lafield	ls, write	6. LENGTH OF STAY IN 16		TOWN (IF o		ote limits, write R	URAL ond	give nec	orest town	n) /
Ŷ	(d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g McCroady I			d. STREET A	DDRESS tomac	St.					SIDENCE A FARM?
		NAME OF DECEASED (Type or print)	fir JPANA	st	Middle MONRCE	GEOGHE		4. DATE OF DEATH	Mon	th St.	3U	4	Year 19 56
	5. S				RIED NEVER MARRIED	B. DATE OF BIRT	Н		9 AGE (In years lost birthday)	4	RTYEAR	IF UND	ER 24 HRS.
		ale	White	WIDOWE		Feb. 13		4	SY Au	Months	Days	Hours	Min.
-1	R	USUAL OCCUPATION during most of work of time 1 Sol	N (Give kind of work ong life, even if retired		KIND OF BUSINESS OR INDU OMERS & County	-	neste	r Coum	ty, M.		ITIZEN O		COUNTRY
1	ıw.		loges Geogl	מניזמו				allace					
į	15.				SOCIAL SECURITY NO. 17.	INFORMANT	TI ST PK	allace	Add	ress			
i i	IYo:	(nwonshire or unknown)	If yes, give war or dates of s	ervice)		s. Sedie	Goog	เอสูเ ท-			-711	i	. 1, 100
	720	Conditions, if or gove rise to in couse (o), stating t lying couse lost,	nmediate DUE 10)	Coronar arterio-a E angin	clerote	ecto	eart rin			2	57	ALIYOPSY
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI						107	PERFC	RMED?
	MEDICAL C	20c. TIME OF INJURY Hour o. jr. p. m.		20d. IN While of work	Not while fo	ACE OF INJURY (sclory, street, office	Home, farm a bldg., etc.	20f. (City	or town]		(County)		(State)
,		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Cey.	Paule,	ed fram <u>Nor</u> 56, and that death wley	M.D.	8 A.	M, from	the causes of reet, city or town,	and on	the da	te state	deceased ed above ATE SIGNED
	220	BURIAL CREMATIO	226. DATE THEREO	956	All Sints I		Cem.		ION (City, town, o			(Stot	e)), 12.
	23.	FUNERAL DIRECTOR: Bradshav	s signature 1 & SonsC	risfi	ADDRESS			BY REGISTI	1	STRAR'S S		RED /	1

page 3 shows the property of cemental of remaining of remaining of remaining of the cemental o

TO FUNER poge 3 s

OBARSONALD.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I'M K T

9961 61 6

DANIESE.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9675 CERTIFICATE OF DEATH Reg. Dist. No. 760
63	1. PLACE OF DEATH O. COUNTY SOME VSE T MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY SOME VSE T
X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) WESTOVEY
ŧ	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\text{NO DE } \)
	3. NAME OF DECEASED (Type or print) HOWZVL Middle Milbourne Day Year OF DEATH SEPT- 7 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In yours FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) WIDOWED DIVORCED May 16, 1897 79 yrs. Widowed Doys Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even it retired. Westover feed Mile. 12. CITIZEN OF WHAT COUNTRY: Kingston, Md. U.S. A.
-	Henry Milbourne Joanna Harmison
1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Very Give wor or dates of service) 219-01-0887 Virge Milbourne Westover, Som. Comb
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (r).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) MULTIPLE INTERVAL BETWEEN ONSET AND DEATH
	199.9 DUE TO
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b) DUE TO
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p. m. 19 While of work of wo
	21. I certify that I attended the deceased from 12 2, 1255, to 5027 1, 1955, that I last saw the deceased alive on 1255, and that death occurred at 1250 M, from the causes and on the date stated above
,	ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. Driver Queen, M.D. Driver Qu
	PHYSICIAN'S A. CLEWIS M.D. DV. NCESS ANNE MICH.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST. James 22d. LOCATION (City, town, or county) (Stone)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles H. Ward Marion Sta Md. #235 DATE 10/56 K. A. A. A. A. A. A. M.
	1 97



		MARY	LAND	STATE DEPARTM	ENT OF HE	ALTH-BAL	.TIMORE	, 18	096	62
		96'	76	CERTIFIC	ATE OF DE	ATH		Reg. 1	Dist. No. 🥥	-
, 1.	PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	2. USUAL RESIDEN 6. STATE	CE (Where decease	ed lived. If ins b. COU	KITY	ence before adm	ission)
	RURAL and give	N (If outside corporate lime nearest town) Crisfield	its, write	Since Birth		VN (If outside corp .sfield	orote limits, wr	ile RURAL on	d give nearest to	own)
	d. NAME OF HOS OR INSTITUTIO	No Cready	-	· ·	d. STREET ADD	RESS			e IS F ON YES	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	FAITH	rst	Middle ANN	lost MILLS	4. DATE OF DEATH	. S	Month	Day 24	Yeor 1956
ı.	sex Ferna le	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH Sept. 22,	1956		oy) Months	ER I YEAR IF UN	IDER 24 HRS. Min.
10	o. USUAL OCCUPA during most of w	working life, even if refired	done 10b. I	None		Stole or foreign	country)		S A	AT COUNTRY
13	FATHER'S NAME	John O. Mi	lls. J	Jr.	14. MOTHER'S MA	Edith S	tyles			
115	. WAS DECEASEDE	EVER IN U. S. ARMED FOI	RCES? 16. S		INFORMANT	, Jr3	37 Chus	Address apealte		risfie]
CERTIFICATION		f ony, which immediate DUE TO OTHER SIGNIFICANT CON	b)) c) c)	ONTRIBUTING TO DEATH BU					PER	S AUTOPSY FORMED?
MEDICAL CERT			20d. IN	RIBE HOW INJURY OCCURRI	ACE OF INJURY (Honoctory, street, office bi	ne, form, 20f. (Cit		-1	(County)	(Stole)
	21. I certify alive on ACTUAL SIGNATURE	that I attended the	12.i	Payten	2., 1925., 1 occurred ot 6.	3012M, fro	m the cousi	es and on	l last saw the the date sto	de decease pted above DATE SIGNE
	PHYSICIAN'S	Dr. Saral.	T 67.	LOH						
L	NAME (Type)		OF .	22c. NAME OF CEMETERY CONTROL	eme bery	22d. LOCA	ofield,	20-		lote)

BUNEAU V. S.

PLACE OF L

a. COUNTY

b. CITY OR

NAME OF

DECEASED

(Type or pri

and give Prince d. NAME O

177

MARYLAND ST 9677 MEDICAL	ATE DEPARTME EXAMINER'S			-	8 () ()663
EATH Somerset	MARYLAND	2. USUAL RESIDENCE (V		. If institution		
ess Anne, Md	E. LENGTH OF STAY IN 16	New York	•	mits, write R	URAL and give n	
HOSPITAL OR INSTITUTION (If not in hospit	al, give street address)	d. street address	42 St.			on a Fa
Henry Delton		zell	4. DATE OF DEATHSOPT	Manth 29	, 1956 Doy	Year 19
Color of RACE 7. MARRIED WIDOWED		DATE OF BIRTH 1-29-1929	9. AGF lent but 27	ALUM D	Months Days	Hours Min
CUPATION (Give kind of work done 10b. KIN of working life, even if retired)	o of Business or Industrate Packing	Columbia			12. CITIZEN OF	
Mizell		14. MOTHER'S MAIDEN N Pauline Da	NAME	Mize	11	
	CIAL SECURITY NO. 17. IN	FORMANT s.Martha		Address		7, N.
OF DEATH [Enter only one cause per time for I . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Kull- Cr	ushed	(',he	O.F.	EVAL BETWEEN IT AND DEATH
a, If any, which to immediate couse DUE TO	eture m	ght hun	NOTUS-			

5. SEX AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. lent birthday) Months Haurs Min 27 Male yrs. 10a. USUAL OF untry) 12. CITIZEN OF WHAT COUNTRY? during most U.S.A. Smoke 13. FATHER'S I rt Mizell Eslev 15. WAS DECE Address . New York City, N. No 18. CAUSE INTERVAL BETWEEN PAR Canditia gave rise (a), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES 🔲 NO I 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, aff ce bidg., etc.) 1956 at work at work 2). I certify that I taak charge of the remains described above, held an Autapsy and find that Accident M. death resulted fram: Natural causes . Suicide Hamicide . Undetermined cause ACTUAL MATERIAL PROPERTY. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 22d. LOCATION (City, takin, or county) (State) REMOVAL (Specify) Buria IO**⇒3**⇒1956 Chanal Hill Columbia N.C. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 245 JREGISTRAY'S SIGNATURE 24g. REC'D BY REGISTRAR

n. IS RESIDENCE ON A FARM? YES NO

THRAN

VS. A15ME(5) 5M 9/55

JUNEAU I. I.

- 90	T	of the	2	-
0	3	199	15	e partie
Ö	Æ	081 I	-6	
-	1/9		Ü	
-	4		_`	
2	, p		.0	
Ö	Ö		5	
ĸ	۹.		,O	
ŭ	d		무	
č	ā	-	<u>_</u>	
.00	3		18	
>	L.		ے	
6	O	프	5	
and a	ᇴ	5	E	
ĭ	ě	5	- 10	
6	5	>	. ទូ	
.0	-	ថ	_	
=	훈	=	콘	
	=	꽁	-	
£	2	Ē.	害	
8	n	0	3	
ŤÖ	Ф	2	O	
81	5	60	Q	
Ě		9	5	
0	S	2	Ľ	
2	_`	ĕ	649	
5	40	400	- 6	
Ē	8	41	ğ	
支	Ö	ĕ	, p.	
CA	-	O	10	
든	2	w/w	끖	
歪	65	ci	,	\
3	~	Σ	÷	
Ф	ဆ	er's Office alang with farm PM3. Page 5 may be retained for your	Ε	
0	_	ε	×	
3	E	ò	-	
ě	<u>=</u>	4	120	
€	Ξ	뜌	5	
0		3	=	
-0	豆		ह	
ō	č	Ě	÷	
20	8	은	چ	
ĕ	-	0	64	
45	-Ξ	9	45	
÷	:	Œ	0	
ŭ	2	ō	굣	
뚪	ö	-/1	- 33	
E	5	3	29	
ŏ	ے	ĕ	ă	
.22		Ē	77	
歪	72	ō	2	
	0	盃	Ö	
8	8	=	471	
Z	1	he Chief Medical E	C	
F	-	P	0	
5	5	Ae	a	
×	差	45	4	
ш	Ě	ē	80	
-	-	÷	0	
4	0	9	5	
×	b	5	H	
	1	5	=	
Σ			9	
=			7	7
-	61	7	Of	35
2	£	35	E	Ě
iii	65	3	5	0
0	to	5	E	-
0	O	4	0	C
jii.	cute the conficte, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral distance. Page 4 show		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fitte pages 1 and 2 with the registrar prior ta burial, cre	
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	. A	15	ME	51

5M 9/55

MARYLAND S 9678MEDICA	TATE DEPARTME L EXAMINER'S			18 09664 Reg. Dist. No. 260
PLACE OF DEATH O. COUNTY Somerset	NUCCOON!		here deceased lived. If Institu	tion: Residence before admission) /
b. CITY OR TOWN (If outside corporate limits, write BURAL and give received town) Princess Anne	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF o	·	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp			9 St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Pauline		venport	DEATH Sept. 29	9. I956 19
5. SEX 6. COLOR OR RACE 7. MARRIE Colored WIDOWED	DIVORCED I	-5-1910	9. AGE (In years lost brithday) 46 yrs.	Months Days Hours Min.
	ome	Columbia,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Davenport 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 114. S	SOCIAL SECURITY NO. 17. IN	14. MOTHER'S MAIDEN NA Bertha Ho	Lsey Davenpo	ort
(Yes, no, or unknown) (If yes, give wor or dates of service)			portColumbia	N.C.
18 CAUSE OF DEATH [Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	611 - Fra	acture Ri	Sht INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	merus - F	ractures	Right Fem	<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS COL	ENTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 1
FRIMARY LEFOR CONTRIBUTING	- Aco ide 24		Total Prop.	ess ATHE

20d INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) While Not while & 19. To ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection II. Inquiry II. and find that

death resulted from: Natural couses , Accident 17 Homicide , Undetermined couse .

ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

EXAMINER'S NAME (Type) NSON M.D DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

220- BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Chanel

24a. REC'D BY RGIS

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE

TOTA TOTAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 189665 CERTIFICATE Reg. Dist. No. 26/-2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: legibly. COUNTY X MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) carefully. OR and give nearest town) (in, this place) OR TOWN Marion Station and (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS clearly information 3. NAME OF 4. DATE (Month) (Day) (Year) (Middle) (Last) DECEASED: DEATH: (Type or Print) death 5. SEX: > 440 | 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: If under I YEAR IP under 24 HRS 6. COLOR OR WIDOWED, DIVORCED Days RACE: Months Hours (Specify): Widowe of 12. CITIZEN OF 10a. USUAL OCCUPATION. Give kind of 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? INDUSTRY: work done during most of working life, RESETVED FOR BINDING item even if retired): merica Eneral wor causes I3. FATHER'S NAME: every 15 Was Decembed Ever In U.S. Armed Forces 16. Social Security No.: (Yes, no, or tak.) (If Yes, give war or dates of 17. INFORMANT Supply service) write Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO Onset And Death INK. Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PLAINLY, WITH important 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No (COUNTY) (STATE) (CITY OR TOWN) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE office bldg., etc.) INJURY TIME (Month) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? especially While at Not While INJURY At Work Work [that I last saw the deceased 22. I hereby certify that I attended the deceased from WRITE 3.30 PM from the causes and on the date stated above. alive on Neb 54. and that death occurred at07 (Degree or title) ADDRESS BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or copyty) REMOYAL (Specify) Cemeliny AS DATE REC'D BY LOCAL ADDRESS PLE REGISTRAR

SED IT ICE?

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
			9680 CERTIFICATE OF DEATH Reg. Dist. No. 360	
Page director			ACE OF DEATH COUNTY Somerst MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Morvland Somerset	
death:	1		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
offer de the fun should	T) V	_	estover NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE	×
by the	X.A		OR INSTITUTION ON A FARM YES NO	12
fille		1	AME OF First Middle Last 4. DATE Month Day Year CECASED Pope or print) Clara Hall Speights DEATH Sept. 24 1956	;
withir etely f		5. S	last birthday) Months Days Hours Min	
oted impli pers.	1	10o.	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (State or foreign country)	VTRY?
exection and control and contr	1		during most of working life, even if retired) Naryland U.S.A.	2
arba		13.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	
rtificate physicial mave co thours of		_	Henry W. Hall Sarah Elizabeth Whittington	
certifica ng physic remave	I		VAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address On unknown) (If yes, give wor or dotes of service)	
attending		H	Mrs. Lawson F. Reichard Westover, Md. 18. CAUSE OF DEATH [Enter only one cause per line fo) (a), (b), and (c).]	N
atter atter vitt	*		PART I. DEATH WAS CAUSED BY. ONSET AND DEAT MANDEN CAUSE (a) ONSET AND DEAT	H 2
requires that the death certificate on signed by the attending physicia sit permit. Then please remave and in any event within 72 hours of			DUE TO QUE TO QU	
quires iigned permi			gave rise to immediate cause (a), stoting the <u>under:</u> lying couse last, (c)	
w re ician sen ansi		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOP	SY
phys phys ias b ial-h	-7	CATION	PERFORMED? YES NO	
ending ficate h the bur		CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC or att is certi use as matian,		REDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 at work at work 19 a	ote)
For the		2	21. I certify, that I attended the deceased from 121 1, 195 to 122 134 195 Ethat I last saw the dece	
ENDIN he ho: R: Afr rached			alive an Auto 12 5C, and that death accurred at 1.30 Mifram the causes and an the date stated at	oave
RECTO be de be de ior to	1		ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stole)	GNED
ITAL O			PHYSICIAN'S A, C. LCW/S	
HOSP Oy be FUNE oge 3		22o	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) Princess Anne Md	
5 5 5 8 ÷		23.	DUTIGI Sept. 26.1956 St. Andrews Gemetery Princess Anne. Md. Puneral Director's Signature Address Andress Signature Address Andress Signature Address Signature Address Andress Signature Address Andress Signature Address Andress A	10
VS A15 (4) 15M 9/55	ĸį.	2	ein Pilliam Princess Anne, Md. DATE 137/56 R. H. Johnson M.	0
	* 3			1-1



BUREAU V. S.

deer c.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ANT YEAR STATE DEPARTMENT OF HEARTH SALTMORE, TO

· 美国医院特别公司在1000 11年提出

and the state of t

Comment of the Name &

the market of the second to be the second

P. Principals of the party of t

Rectty Decition Co.

2 .V UATE

9961 8T da

DE VIED VED

1			MAKTLAND STATE DEPAKTMENT OF HEALTH—BALTIMOKE, 18	00
4 5%			9682 CERTIFICATE OF DEATH Reg. Dist. No.	195-
Page directal		1, (PLACE OF DEATH O. COUNTY SOME FIGURE (Where deceased lived. If institution: Residence before on STATE D. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before on the county of the county	Imission)
death. Funeral	M	X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give n	town)
ors after by the	CV	·	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION CHEANY HOSITAL YE	RESIDENCE ON A FARM?
in 24 hau Filfed			NAME OF DECEASED (Type or print) SANATAA Whitting To SEATH SEPT 19	Year 19.5-6
d within 2 letely fills s. Pages		5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. B. DATE OF BIRTH 9. AGE (In years lost birthday) Windows Days How	JNDER 24 HRS. Durs Min.
d camp	/	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W Chi Field Mb 13. CITIZEN OF W	HAT COUNTRY?
ian an carbar	5	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. POLICE IN THE STATE OF TH	011
g physic remaye	6		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT os. no. or unfactorn) (If yes, give wor or doles of service) Address Address Address	ARION
death ttendin please	G		PART I. DEATH WAS CAUSED BY:	AL BETWEEN
that the by the a		ď	776 X DUE TO	3 heep
quires ?			Conditions, if any, which gove rise to immediate couse (a), stating the under-	
faw rei hysician s been s il-transit		MUL	lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. W	
NN: The)	CERTIFIC	ACCORDING TO LONG TO L	5 но
ar after as certification of the control of the con		MEDICAL O	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)	(Stole)
aspirat frer thi	16.	W	21. I certify that I attended the deceased fram Sept. 18, 1951, to Sept. 19, 19 50, that I last saw	
YTTEND by the h TOR: A detach			alive on, 19.50, and that death accurred at, 19.50, and the date s	dated above.
			SIGNATURE TOORGE 66 DULLING M M.D. Marin Sta. Md. 9.	-20-5 M.
HOSPITA TONER OGE 3 SHO		220	PHYSICIAN'S NAME (Type) TEORGE . COULBOURN-NARION STATION - OR BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)	(Stole)
5 5 0 3		23.	BURIAL 13416 20 IWARDS MEMBELAL MARION, SOMETSE	r. Ma
VS A15 (4) 15M 9/55	PP	2	Exares H Ward Marion MA DATE D 21 1956 Bushard 18	nepo
	V	- Deliver		

TOTAL ATTRACTION AS TANKS THE ELLEFT FELL WOLD IN In Eala Windtengios WITH THE ASING MARIN 3501 12 d35 DECENA-